

Highpoint Care Ltd

Colliers Croft Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection, carried out on 03 December 2014.

Colliers Croft Care Home provides accommodation, care and support for up to 60 people. The home is newly built and designed for use as a care home. Local shops and other amenities are a short distance away from the home and there are good public transport links close by. At the time of our inspection there were 59 people living at the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The last inspection of Colliers Croft was carried out in May 2014 and we found that the service was not meeting all the essential standards that we assessed. During this inspection we found the required improvements had been made.

People told us they felt safe living at the home and family members told us they had no concerns about their relative's safety. Procedures for reporting abuse were in place and staff knew how to report any concerns they had about people's safety. Staff had a good understanding of the different types of abuse and were confident about reporting abuse.

People told us that the staff were polite, kind and caring and during our visit we saw that staff were respectful towards people. Family members told us that staff were caring, patient and attentive. Staff told us they would not hesitate to raise concerns and were confident that their concerns would be dealt with quickly.

We found that staff met people's needs. People were offered regular drinks and a choice of food. Staff had good knowledge of people's dietary needs and they ensured people received the support they needed to eat and drink.

An assessment of people's care and support needs was carried out prior to their admission to the home and care plans were in place for their identified needs. The plans provided staff with instructions about how people's needs were to be met and how to keep people safe.

People who used the service and their family members told us they thought that the service was well managed and that the manager was approachable and supportive. Systems were in place to check on the quality of the

service and ensure improvements were made. These included obtaining the views of people about the quality of the service and carrying out regular audits on areas of practice and the environment.

Recruitment processes were thorough and ensured staff were suitable to work in a care setting. There were sufficient qualified, skilled and experienced staff on duty to meet people's needs.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. People were referred onto to the appropriate service when concerns about their health or wellbeing were noted. Medication was managed safely and people received their prescribed medication on time. Staff had information about how to support people with their medicines.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had knowledge and an understanding of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They were able to tell us how they ensured decisions were made in people's best interests.

The premises was accessible, clean, safe and well maintained and staff were aware of their responsibilities for ensuring people were protected against any environmental hazards. Staff were familiar with the procedures which were in place for responding to emergencies and they were confident about dealing with an emergency situation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe at the home. Staff knew how to recognise abuse and how to respond if they discovered abuse had occurred.

Risks to people's health safety and welfare were identified and managed. Staff were confident about dealing with emergency situations. Procedures were in place for the safe management of people's medicines and we found that medicines were managed safely.

The process for recruiting new staff was safe and thorough and people were cared for and supported by appropriately trained staff.

Good



Is the service effective?

The service was effective.

People were offered regular drinks and a choice of nutritious meals and staff provided assistance at mealtimes to the people that needed it.

An ongoing programme of training was provided for all staff and they were supported within their roles.

The manager was aware of their responsibilities under the MCA (2005) and DoLS and appropriate DoLS referrals had been made for people so that decisions were made in the person's best interest.

Good



Is the service caring?

The service was caring.

People told us that staff were kind and caring and we saw staff approached people in a kind and caring way. People told us that staff understood their needs and provided them with all the care and support they needed.

Staff made sure people were comfortable and reassured people who were anxious.

People were respected and their independence was promoted. People were encouraged to make their own choices and decisions and staff provided people with the support to do this.

Good



Is the service responsive?

The service was responsive.

People's care and support needs were assessed and planned for and care plans were regularly reviewed. People were given opportunities to engage in activities which they enjoyed. Improvements are required to ensure all people receive the care and support they need in a timely way.

People were provided with equipment they needed to help with their mobility, comfort and independence.

There was a complaints system in place and information about how to complain was accessible to all. Complaints were listened to and promptly dealt with.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service had a registered manager. People commented on how well the service was managed.

The registered manager worked well with other agencies and services to make sure people received the right care and support.

Effective quality assurance systems were in place to monitor the service provided. People who used the service and their family members were given the opportunity to comment about the service and their comments were listened to and acted upon.

Good



Colliers Croft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 3 December 2014. Our inspection was unannounced and the inspection team consisted of a social care inspector, a specialist advisor (SPA) and an expert by experience. The specialist advisor had experience of working with people living with dementia and working within the legislative framework of the Mental Capacity Act 2005. The expert by experience had experience of caring for people living with dementia.

During our visit to the service we spent time speaking with people and their family members and we looked at people's care records. We spoke with staff and observed how people were cared for. We also looked at staff records and records relating to the management of the service.

During our inspection we spoke directly with eight people who used the service and five family members. We also spoke with six care staff and the registered manager. We observed care and support in communal areas, looked at the care records for six people and looked at records that related to how the service was managed.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection. We contacted local commissioners of the service, Healthwatch and district nursing teams who supported some people who used the service to obtain their views about it.

Is the service safe?

Our findings

People told us they felt safe living at the home. Their comments included; “I am not worried about my safety at all and the staff are respectful” and “I feel very safe and the staff are lovely and take good care of me”. People also told us that they would tell someone if they felt unsafe in any way. Family members raised no concerns about their relative’s safety and they told us they were confident that their relatives were safe. Family members commented, “I know mum is safe and the staff respect her”. And “No concerns at all about their safety”.

Staff had received training in safeguarding adults and they had access to safeguarding policies and procedures including those set out by the local authority. Staff knew what was meant by safeguarding people and they assured us that they would take appropriate action if they witnessed or discovered abuse. For example, one member of staff said; “If I saw a person being abused in any way I would act immediately by removing the abuser, ensuring people were safe and then I would report it to the person in charge”. Another member of staff said; “I definitely would not ignore abuse of any kind even if the abuser was my friend, I would report it straight away without hesitation”. Senior staff were confident about dealing with any safeguarding concerns which were reported to them. They knew where to find contact details of the relevant agencies that needed to be contacted if an allegation of abuse was made. Records showed that staff responded promptly to allegations of abuse and that they acted appropriately to ensure people’s safety.

Staff told us that the use of restraint techniques was not required for any people and that they approached any incident of a person challenging the service with calmness. A member of staff provided us with an example of how they had used personalised de-escalation techniques to help support a person whose behaviour posed a risk to themselves and others. Staff explained that they had established through the person’s family what they particularly enjoyed and used the information to engage with the person. Staff reported that this approach had resulted in positive outcomes and had helped to minimise the risk of harm to the person and others.

Records and discussions held with the manager showed risks to people’s health safety and welfare were identified on admission to the home. Individualised plans were in

place for managing any risks people faced in relation to their care and support and the plans were regularly reviewed to ensure they were relevant and up to date. Staff told us they were aware of the dangers and risks people faced on a day to day basis. We observed staff ensuring people were safe and free from any hazards. For example, people who were at risk of falls were closely monitored when moving around the home and people who were at risk of choking had their food and drinks appropriately prepared. Risks to people’s safety had also been assessed in relation to the environment and plans were in place to minimise the risk of harm to people who used the service and others.

People told us they liked the staff and that they were confident in their abilities. Comments made by people about the staff included, “The staff seem to know what they are doing”. “They are all very good” and “The staff are all excellent”. Family members told us they had no concerns about staffing levels.

We saw a copy of the provider’s policy and procedure for recruiting staff. The procedure was in line with the requirements of the law for recruiting staff to work in a care setting. Recruitment records for three new staff showed that all the information and checks required by law were obtained in respect of the applicants prior to them being offered the job.

People told us they received all their prescribed medication on time. We observed medication being administered to people safely. Medication kept at the home was stored safely in a clean and well-ventilated area. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of a refrigerator which stored items of medication. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. Staff explained that they made themselves familiar with the benefits and effects of people’s medication and closely monitored people when they commenced new medication.

We saw that emergency equipment was located around the service, including fire fighting and first aid equipment. Records showed that regular checks had been carried out on emergency equipment to ensure it was in good working order and easily accessible. Staff told us they had completed health and safety training and we saw records

Is the service safe?

which confirmed this. Training included fire awareness, first aid and safeguarding adults. Staff described the actions they would take when dealing with an emergency situation, for example if they found a person collapsed and unresponsive.

All parts of the home were clean and hygienic and we saw good infection control practices were carried out. For example, staff wore personal protective equipment (PPE) such as disposable gloves and aprons when providing people with care and support which posed a risk of the

spread of infection. Separate bins were in place for the disposal of clinical and domestic waste and contracts were in place for the removal of waste from the service. Staff had completed infection control training and they had access to information and guidance about infection control procedures. Staff knew what their responsibilities were for ensuring a clean and hygienic environment and we saw records which showed regular audits had taken place across the home to check on infection control practices.

Is the service effective?

Our findings

The majority of people told us they had no concerns about the food served at the home, their comments included; “It’s nice and we get a choice”, “I like the food, no complaints at all” and “I get plenty to eat and drink”. However two people expressed dissatisfaction with some of the meals served at the home, they said, “The fish is just awful and the shepherd’s pie is all potatoes and little meat” and “Don’t get enough fruit and vegetables”. A member of staff said, “There used to be a bowl of fruit in the lounge, but I have not seen fruit for some time”. Another member of staff told us, “People are served whipped up dessert and everybody hates it”. The staff member told us it had been raised at a residents meeting, but it was still served. We discussed the concerns people raised about the food with the manager. The manager told us that a new cook had just commenced work at the home and was addressing the concerns raised by people about the food. The cook confirmed this during discussion with them.

Staff were knowledgeable about people’s dietary needs and the support they needed to eat and drink. For example, staff were able to identify people who had difficulties swallowing and they explained that the people required a soft diet to minimise the risk of choking. We saw people were offered hot and cold drinks at regular intervals throughout the day and that staff provided people who needed it with encouragement and assistance to drink. Records and discussions held with relatives showed that people had received input from dietary and nutritional specialists when required. A family member said, “Mums appetite deteriorated and they got a dietician in to see her. She eats well now and her health has improved”. We saw that staff completed charts as required for people who required their food and fluid intake monitoring. Staff were able to explain why they completed the charts and how they used the information.

People told us they had confidence in the staff and that they were good at their jobs. Staff told us they received regular training relevant to their work and that they felt well supported within their roles. We looked at staff training records and discussed training arrangements with the manager. This showed that staff had received ongoing training and updates in topics relevant to the work they carried out and the needs of the people who used the service. Training completed by staff included; induction

training dementia awareness, first aid and health and safety. We saw that training was provided by accredited training providers and that staff received certificates on successful completion of training courses. We saw records which showed staff were given the opportunity to regularly discuss their work, training completed and future training needs. Staff confirmed that they had regularly met as a team and on a one to one basis with their line manager to discuss matters relating to their work and the people they supported.

The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. We spoke with the manager about how they would support a person to make a decision when there was a concern about their mental capacity to do so. The manager had a good understanding of this and they told us they had obtained guidance from relevant professionals when needed. Best interest meetings had been held for people when it was deemed necessary and a record of these were kept. The manager told us they had been provided with training on the Mental Capacity Act 2005 and that further training was planned to enhance their knowledge in the subject. Records we viewed confirmed this. We saw that several people were subject to a Deprivation of Liberty Safeguard (DoLS) and that the relevant documentation was held in their care files. The Deprivation of Liberty Safeguards (DoLS) is a part of the Mental Capacity Act (2005) that aims to ensure people are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

People’s healthcare needs were assessed and planned for. Records and discussions held with staff showed people received the support they needed to access primary healthcare service such as doctors, chiropodists, opticians, or continence services. People’s care records were updated following healthcare appointments and details of any follow up appointments were recorded. Records showed that staff had responded promptly to any concerns they had about a person’s health or wellbeing. For example, staff made referrals to relevant services for people when they had noted a change in a person’s ability, mood and behaviour which impacted on their health or wellbeing. We spoke with a visiting healthcare professional during our visit and they told us they had confidence in the staff ability to raise any concerns they had about people’s health. They also told us that staff had always followed any instructions and guidance they gave in relation to people’s care.

Is the service effective?

Discussions held with staff and records showed that people had had their medication reviewed to ensure they were not suffering any adverse effects and that it remained suitable for the individual. Staff confirmed that people living with dementia had regularly attended a memory clinic where they underwent a review of their medication. Staff were knowledgeable about people's needs. Staff explained how

they had recognised that a person's quality of life had been affected by medication they were taking. Staff arranged a review which resulted in the person having a change of medication, which in turn improved the person's quality of life. Staff also told us they had sought counselling for one person after recognising that they were suffering from distress following a bereavement.

Is the service caring?

Our findings

People told us they received good care and were happy with the way their care was provided. People also told us that staff were kind and caring and were always polite and respectful. People's comments included; "Very good, all the staff are marvellous, couldn't ask for better". "The girls are very polite and they respect me". "The care is fantastic here". Family members told us they were happy with the care their relatives received; their comments included; "They are all polite and caring". "The staff are so caring and so kind to her. So very patient and so good to her" and "We are really happy with the care. The staff really do care and go the extra mile".

People's told us their independence was promoted. One person told us they liked to be kept busy and they said they helped to set dining tables each day. Another person told us they put away their clean laundry and tidied their bedroom. People told us that staff were polite and treated them with respect. We saw staff assisted people from their wheelchairs into lounge chairs using a lifting hoist. Staff assisted people in a discreet manner ensuring their dignity and they were careful and considerate in their approach. Staff told people what they were doing at each stage, gave reassurance, and checked people were comfortable. We saw people showed no distress or anxiety whilst being assisted by staff. Staff changed one person's cushion several times until the person confirmed they were comfortable. We saw staff knocking on doors before entering people's bedrooms, toilets and bathrooms and they spoke to people politely and listened to people with patience.

People's likes and dislikes were recorded along with their own perceived abilities, how and when

they required assistance and what was important to them. This information meant staff had important information about people's preferences regarding their care and support.

We saw staff respected people's choice to walk around the home independently and to spend time alone in their bedrooms. Staff discreetly monitored people's movements around the home to make sure they were safe and we saw staff knocked on doors before entering people's bedrooms. A family member told us; "Mum prefers to spend most of her time in her room and the staff know this and always check on her. I know that because mum tells me". People told us that staff had never walked into their room without knocking first. We saw positive interactions between staff and people who used the service. Staff spent time chatting with people and they shared banter, this showed staff had formed good relationships with people. One person told us; "The staff are very friendly and we often have a laugh and a joke". People's preferred method of communication was recorded and understood by staff. We saw staff communicated well with people, for example staff got up close to people and spoke clearly and at a pace people understood. We saw staff were patient and listened attentively to people who had difficulties with their speech and that they used pictures, appropriate gestures and hand signs to aid people's communication.

People told us they had been given a brochure about the home. People said they kept the brochure in their bedrooms and that they found it useful because they could refer to it at any time to remind them of the services and facilities available at the home. The brochure was provided in large clear print so that people could access the information easily.

Is the service responsive?

Our findings

People told us their needs were met at the home and that they were happy with the way staff provided their care and support. People's comments included; "I told them I was unhappy about the fish and they sorted it". "The girls know what I'm like and what I like". "The staff do things how I like". "I'm fussy about certain things and they know that". "I enjoy the activities, there is always plenty to do". "There is lots going on but sometimes I just like to watch". Family members told us that staff provided their relatives with care and support in a way they preferred. One family member said about their relative who had difficulty understanding and was unable to communicate verbally, "All residents are shown menus and one of the girls [staff] sits with them individually and explains what choices are available".

At previous inspection visits carried out on 06 and 07 May 2014 we had found concerns with the care and welfare of people because care was not always planned and delivered to meet people's needs. We told the provider that they needed to take action to address the concerns. During this inspection we found improvements had been made to care planning and the way in which staff demonstrated how they supported people. People's needs were assessed and they had a care plan for their identified needs. Each person had their own care file which contained their care plans and other important information to help staff provide the care and support they needed. Care files were organised into sections which were clearly titled. A short term care plan had been developed for people who required them, for example during an illness or for a specific short term situation. Information recorded at the front of each file identified the person's key worker. A key worker is a named member of staff who is responsible for co-ordinating people's care.

At previous inspection visits carried out on 06 and 07 May 2014 we had found concerns with records because care records were not completed with relevant information about people's needs. During this inspection we found

improvements had been made to records. People's pre-admission assessments were fully completed. This showed that all relevant information about people's needs had been gathered to ensure their needs could be effectively met within the home.

The provider had a complaints procedure which was made available to people. The procedure clearly described the process for raising and managing complaints. We viewed the complaints records and saw that the registered manager had promptly dealt with concerns and complaints raised. Family members told us they had no concerns or complaints about the service and that they knew how to make a complaint and were confident about approaching the manager or other staff with any complaints they had. We found that the manager responded to concerns or suggestions. For example: one relative told us that they never used to know what activities were taking place at the home and wanted to know so that they could alert and encourage their relative to take part in activities they might enjoy. The family member told us they raised this with staff and within a week they saw an activity plan displayed on a notice board. People and their family members told us a range of activities took place at the home including shopping trips, live entertainment and art and crafts.. During our visit we saw people making items for a fund raising event and others who chose not to be directly involved sat around the table watching and engaged with others.

We saw the lunchtime meal being served. Most people chose to eat their meal in the dining room, however staff respected and supported people's choice to eat their meal in their bedrooms. One family member told us, "Mum chooses to spend a lot of time in her room and prefers to eat her meals there and the staff know that and support it". We saw that staff ensured people were comfortable whilst eating their meal. For example, we saw a member of staff enhance a person's comfort whilst they ate their lunch by putting a cushion behind the persons back. The mealtime was relaxed and people were given the support and encouragement they needed.

Is the service well-led?

Our findings

The service was managed by a person registered with CQC as the 'registered manager'. A deputy manager supported the manager during the day and a care manager was on duty each night. A team of care assistants were led by a senior carer on each of the three units. People who used the service, their family members and staff knew the management structure at the home and they raised no concerns about the leadership.

People told us they knew who the registered manager was and that they liked her. People told us they saw a lot of the registered manager and that she was always available. Comments people made about the manager included; "She comes and says hello every day, she is very nice" and "I know I she's is there if I need her". Family members were complementary of the manager and the way she managed the home. Family members comments included; "She works so hard. I have raised issues with her and they are dealt with straight away." And "She always makes herself available if I need a chat".

Staff told us that there was a good working relationship amongst the team and that they thought the home was well managed. One member of staff told us, "I need to praise the two deputies [deputy managers]. They are fabulous; always there for you and the manager is always on the floor, in some places you never see them". Another member of staff commented; "The manager and deputies are all very supportive and they listen to what we've got to say".

At previous inspection visits carried out on 06 and 07 May 2014 we had found concerns with the quality monitoring systems because they failed to identify that care was not always planned and delivered to meet people's needs. We told the provider that they needed to take action to address the concerns. During this inspection we found there were effective systems in place for monitoring and assessing the quality of the service and that people were protected against the risks of inappropriate or unsafe care and support. Care plans were checked regularly to ensure they were up to date and reflected people's current and changing needs. Checks were also carried out on people's medication, the environment and equipment used at the service. Records of the checks were completed and any shortfalls which were identified were quickly acted upon to ensure improvements were made.

A floor management file was kept on each of the floors and these contained records which staff were required to complete at regular intervals throughout the day and night to monitor people who were at risk and required close observations. Records contained within each file included food and fluid intake charts, observational checks, short term care plans and recent changes made to people's care and support including medication. Staff explained that the files were central to discussions when conducting shift handovers as they included important information about people's needs and any additional care and support they needed.

A whistle blowing policy was available to staff and staff knew about it. Staff told us they would be confident about raising any concerns they had and that they were not worried about being treated unfairly if they did report a concern. Staff comments included, "I'm not afraid at all to say what I feel and I certainly would not hesitate to speak up about any concerns". People who used the service, their relatives told us there was an open culture at the home which enabled them to freely express, their experiences views and opinions. One person said, "They would soon know if I was unhappy" and another person said "The head one [manager] often asks if everything is ok". One relative said, "The manager is always enquiring about how things are for mum".

People who used the service and their representatives were invited to complete surveys which gave them the opportunity to provide their views and comment on their experiences about the service including the care, activities, meals and the environment. We picked out a sample of completed surveys and saw that the overall results were positive and that people had commented on things which they felt would improve the service. For example, one person suggested additional activities which they felt their relative would enjoy. Records and discussions held with people showed this was acted upon.

Records showed that accidents and incidents which had occurred at the home were promptly reported and dealt with. The records indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents records had been reported through the provider's quality assurance system and this showed the provider monitored incidents to identify risks and to help ensure the care provided was safe and effective.

Is the service well-led?

The registered manager of the home had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.